

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550,968

FILING DATE

9-26-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
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18			/			
19			/			
20			/			
21			/			
22			/			
23			/			
24			2			
25			2			
26			1			
27			2			
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	2	2	←	←	←
TOTAL CLAIMS		24				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓				
TOTAL DEP.	←	2	2	←	←	←
TOTAL CLAIMS		24				